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PATENT APPLICATION FEE DETERMINATION RECORD Application or Pacific National Control number. Application or Pacific National Control number.											
Substitute for Form PTO-875) [][B	26
CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	FOR	NUMB	ER FILED	MUME	ER EXTRA	7	RATE	FEE	1	RATE	67.6
BA:	SIC FEE CFR 1.16(a))					1		3	OR	- AATE	FEE
	TAL CLAIMS CFR.1.16(c))		minus 20 = •				xs •		OR	xs -	<u>'</u>
INDEPENDENT CLAIMS (37 CFR 1.16(b))		MS	minus 3 =		•		× 3		OR OR	X 5	
MULTIPLE DEPENDENT CLAIM PRESENT (D7 CFR 1.18(d))						1		 	1		
* If the difference in column 1 is less than zero, enter "O" in column 2.						J	TOTAL		OR OR	+3	
							10174	<u> </u>	j ok	TOTAL	L
CLAIMS AS AMENDED - PART II											
1.6	18-W	(Column 1)		(Column 2)	(Column 3)		SMALL E	NTTTY	OR	OTHER SMALL	THAN ENTITY
ENDMENT A		CLAINS. REMAINING AFTER AMENDMENT		HIGHEST . MUMBER . PREVIOUSLY PAIDFOR	PRESENT EXTRA		RATE .	ADOI- TIONAL FEE		RATE .	ADDI- TIONAL FEE
🖁	Fotal (27 CFR 1,16(cf)	13	Minus.	16	•		x*25	•	CR	x = 50	
EN	Independent (SF CFR 1.16(b))	1.1	Minus	-8	-		x: 100		OR	× 200	····
₩.	FIRST PRESENT	TATION OF MULTIPL	£ DEPEND	ENTOLANI (27 CI	FR 1.16(0)		11/30		OR	+:360	
Flor						- 1	TOTAL ADD'L FEE		OR	TOTAL	
										ADD'L FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	:	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ž	· Total car care tunces	20	Minus	86	•		,:25		OR	x= 50	
AEN AEN	Independent (37 CFR 1,16(c))	3	Minus	- X	• '		× 100		OR	x = 100	•••
FIRST PRESENTATION OF MULTIPLE DEPONDENT CLAIM (07 CFR 1.16(d))							7.18Q		OR	200	
							TOTAL ADD'L FEE		OR	TOTAL ADOL FEE	
	-	(Calumn 1)	· · · · · ·	(Column 2)	(Column 3)						
ENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST MUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ENDMENT	Total (22 CFR L16(2))	•	Minus	-	•		x-25		OR	×.50.	
JEN	Independent (SF OF R 1.16(b))	•	Minus	•••	•		x: 100		OR	x:IDO	
, AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,18(4))						+:190	. ,	OR	.360	
TOTAL TOTAL ADOLFEE OR ADOLFEE											•
. :	If the entry in a	olumo 1 is less tha	n the entr	r in column 2, writ	e,70°, in.column :	3.			٠		

"If the "Highest Number Previously Paid For" In This SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" In This SPACE is less than 2, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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